

|   |                      |                    |
|---|----------------------|--------------------|
| <b>REQUEST FOR WITHDRAWAL AS<br/>ATTORNEY OR AGENT AND<br/>CHANGE OF CORRESPONDENCE<br/>ADDRESS</b> | Application No.      | 10/690,462         |
|   | Filing Date          | May 13, 2008       |
|   | First Named Inventor | James Snyder       |
|   | Group Art Unit       | 1624               |
|   | Examiner Name        | V. Balasubramanian |
|   | Attorney Docket No.  | 007157/270549      |
|   | Confirmation. No.    | 4831               |

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above-identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number 00826.

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)                | <input type="checkbox"/> 10.40(b)(3)      | <input type="checkbox"/> 10.40(b)(4)     |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input checked="" type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi)            | <input type="checkbox"/> 10.40(b)(2)      | <input type="checkbox"/> 10.40(c)(3)     |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)                | <input type="checkbox"/> 10.40(b)(6)      | Please explain below:                    |

### Certifications

***Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.***

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**

**Complete the following section only when the correspondence address will change.** *Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.*

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

*OR*

B. ☒ Inventor or  
Assignee name      Emory University

Address    1599 Clifton Road NE, 4<sup>th</sup> Floor

|              |          |           |             |
|--------------|----------|-----------|-------------|
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|--------------|----------|-----------|-------------|

|           |              |                        |
|-----------|--------------|------------------------|
| Telephone | 404-727-2291 | Email OTT-IP@EMORY.EDU |
|-----------|--------------|------------------------|

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Respectfully submitted,

/w. murray spruill/

W. Murray Spruill  
Registration No. 32,943

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